

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586769

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED (Article 34)	AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED	AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.		IND.	IND.	DEP.	IND.	DEP.	
1						51					
2						52					
3	1		1			53					
4	1			1		54					
5	1			1		55					
6	1			1		56					
7	1			1		57					
8	1			1		58					
9	1			1		59					
10	1			1		60					
11	1			1		61					
12	1			1		62					
13	1			1		63					
14	1			1		64					
15	7			1		65					
16	8			1		66					
17	12			1		67					
18	6			1		68					
19	12			1		69					
20	12			1		70					
21	①			1		71					
22	12			1		72					
23	12			1		73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	0	↓	1	↓	0	↓	TOTAL IND.	0	↓	0	↓
TOTAL DEP.	94	←	20	←	0	←	TOTAL DEP.	0	←	0	←
TOTAL CLAIMS	94		21		0		TOTAL CLAIMS	0		0	